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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069400001		CITY OR TO	OWN MERRIMA	AC
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WATERHOU	USE INC.			
DOING BUSINESS	A THE NEW	OLD OAK			
ADDRESS 74 EAS	T MAIN ST.				
CITY/TOWN: ME	RRIMAC	STATE: MA	A ZIP COD	E: 01860	
MANAGER: JEW	ETT, BETH	TYPE OF LICENSE:]	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
CONSISTING OF 4 ROOM.	ROOMS, ONE	E DINING ROOM, ONE	E BAR AREA, 1 1	XITCHEN & 1 ST	TORAGE
I hereby certify and	swear under per	nalties of perjury that:			
1. the renev	ved license will	be of the same type for t	the same premises	now licensed;	
2. the licens	see has complied	d with all laws of the Co	mmonwealth rela	ting to taxes; and	
3. the prem	ises are now ope	en for business (If not ex	plain below)		
SIGNED BY	Individual P	artner or Authorized Co	rnorate Officer		
	marviadui, i	artier of Hathorized Co.	iporate officer		
DATE:	TEI EE	PHONE NUMBER:	EMPL	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEELI	HONE NOVIDER.	(Note: <u>NC</u>	OT Individual Social S	Security Number)
We the undersione	ad attact that w	ve are in possession (1)	the contificate re	animad by Chant	ton 2011 of the
		ing inspector and the h			
named license and of 2010.	(2) the certific	ate of liquor liability in	surance require	d by Chapter 110	6 of the Acts
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:	221 (311 ( 3 1 1 3 1 1 1	
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILE	ED BY LICENSEES DURING THI	E MONTH OF NOVEMI	BER (M.G.L. Ch. 138 \$ 1	6A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 069400005		CITY OR TOWN	MERRIMAC	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	BLUSTERY DAY	, LLC			
DOING BUSINESS A	A MERRIMAC LIQ	QUORS			
ADDRESS 123 EAS	Γ MAIN ST				
CITY/TOWN: MER	RIMAC	STATE: MA	ZIP CODE:	01860	
	SIN M. TYI ERON	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
2 DOORS ON 123 E. CEMENT BLOCK B			EASTERLY SIDE	OF BLDG., 1 STORY	
	es are now open for	a all laws of the Communication business (If not explain or Authorized Corporation)	in below)		
	, , , , , , , , , , , , , , , , , , , ,				
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below: APPROVED:				ING AUTHORITY	
DISAPPROVED:			By:		
(If disapproved expla	in)				
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 069400006		CITY OR TOWN MERKIN	VIAC
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: ALAM AND NESS A Richdale S	uperette		
	MERRIMAC SQUA			
CITY/TOWN:	: MERRIMAC	STATE: MA		
MANAGER:	MD JAHIRUL HOQUE	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED PROOMS, APPROX. 1			
	premises are now op	ed with all laws of the Corpen for business (If not expended)		d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Bell APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 069400007		CITY OR TOWN MI	ERRIMAC
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
	ME: MAJ CONVENII ESS A TOWN MARK			
ADDRESS 14 M	IERRIMAC SQUARE			
CITY/TOWN:	MERRIMAC	STATE: MA	ZIP CODE: 02	1860
	AFZAL, TY MOHAMMAD	YPE OF LICENSE: Pac	ckage Store CATE	GORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PREM			
	NSISTS OF APPROX. OM & BATHROOM.	3200 SQ. FT. HAVIN	G FRONT SALES ROC	M & REAR
2. the lie	censee has complied wi remises are now open for	th all laws of the Compor business (If not expl		
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		NTIFICATION NUMBER: tal Social Security Number)
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e	):		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069400012		CITY OR TO	WN MERRIN	MAC
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR	2013
LICENSEE NAME: DOING BUSINESS	A Deleo's Brick	•			YEAR
ADDRESS 117 East					
CITY/TOWN: ME	RRIMAC	STATE: 1	MA ZIP CODI	E: 01860	
MANAGER: DeLa	eo, Paul A	TYPE OF LICENSE	E:Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF first floor approx 160 room  I hereby certify and s	LICENSED PRE	hen, restroom. Entra		in back. Storag	e in back
2. the licens	ee has complied ses are now oper	e of the same type fo with all laws of the On for business (If not	Commonwealth relat explain below)		d
DATE:		rtner or Authorized C	EMPLO		ATION NUMBER: 1 Security Number)
Acts of 2004, signe	d by the buildin	e are in possession ( g inspector and the te of liquor liability	1) the certificate re head of the fire de	quired by Cha partment for tl	pter 304 of the ne above
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LIC By:	ENSING AUT	HORITY
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069400013		CITY OR 7	TOWN MERRIM	AC
APPLICATION FOR I	RENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ГНЕ КНҮТНМ (	CAFÉ INC.			
DOING BUSINESS A	THE RHYTHM	CAFÉ			
ADDRESS 12 SCHOO	OL STREET				
CITY/TOWN: MERF	RIMAC	STATE: MA	ZIP CC	DDE: 01860	
MANAGER: CHOU CATH	- /	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI					
MASONRY BUILDIN SOLD, SERVED AND FLOORS. SEATING (	CONSUMED O	N TOP FLOOR, STO			
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	l license will be of	f the same type for the	same premi	ses now licensed;	
2. the licensee	has complied wit	th all laws of the Com	monwealth re	elating to taxes; and	
3. the premise	s are now open fo	r business (If not expl	lain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EM	IPLOYER IDENTIFICA	TION NUMBER:
			(Note:	NOT Individual Social	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	y the building in	nspector and the hea	d of the fire	department for the	e above
Please Check Below:			LOCAL I	LICENSING AUTH	IORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 069400015		CI	TY OR TOW	N MERRIMA	AC .
APPLICATION	N FOR RENEWAL:	Annu	al	LICENSED FOR 2013		
		CLAS	SS			YEAR
	AME: NEWBURYPO		1 LOYAL	ORDER OF	MOOSE	
ADDRESS 34	BROAD STREET					
CITY/TOWN:	MERRIMAC	STATE:	MA	ZIP CODE:	01860	
MANAGER:	FETTERS, MICHAEL	ΓΥΡΕ OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION	N OF LICENSED PRE	MISES:				
QUARTERS.S	LDING WITH PARKI ECOND FLOOR WOU DICAP ACCESIBLE V	JLD BE MEETIN	G HALL	AND FUNCT		
I hereby certify	and swear under penal	ties of perjury that	t:			
1. the	renewed license will be	of the same type	for the san	ne premises no	w licensed;	
2. the	licensee has complied v	vith all laws of the	Common	wealth relating	g to taxes; and	
3. the	premises are now open	for business (If no	ot explain l	pelow)		
SIGNED BY	Individual, Part	ner or Authorized	Corporate	e Officer		
DATE:				EN EDV OV		
DATE.	TELEPH	ONE NUMBER:			ER IDENTIFICAT Individual Social S	
				(1401c. <u>1401</u>	ilidividuai Sociai S	ecurity Number)
Acts of 2004,	rsigned, attest that we signed by the building e and (2) the certificate	inspector and th	e head of	the fire depar	rtment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:			OCAL LICE By:	NSING AUTHO	ORITY
DATE:			<del>-</del> -			



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069400017		CITY OR TOWN MERKIN	AAC
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:  DOING BUSINESS A	MERRIMAC SI			
ADDRESS 130 EAST			7TD CODE 01000	
CITY/TOWN: MERI		STATE: MA	ZIP CODE: 01860	
MANAGER: NEWC	COMB, DON TY	PE OF LICENSE:Pa	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LI	ICENSED PREM	ISES:		
BAIT & TACKLE ST	ORE			
SIGNED BY		er or Authorized Corp		
DATE:	TELEPHO!	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENSING AUT By:	HORITY
DATE:				